

Exhibit 8

Exhibit 8

FILED

1 CASE NO. 2020 PB00129

2 DEPT. NO. I

3 The undersigned affirms that the below
4 document does not contain the social
security number of any person.

RECEIVED

NOV 04 2020

Douglas County
District Court Clerk

NO.

20 NOV -4 A11:22

BOBBIE R. WILLIAMS

DEPUTY

5
6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF DOUGLAS
8
9

10 IN THE MATTER OF THE ESTATE OF,
11 RAY WARREN EXLEY,
12 Deceased.
13

VERIFIED PETITION TO APPOINT
A SPECIAL ADMINISTRATOR AND
FOR ISSUANCE OF SPECIAL
LETTERS OF ADMINISTRATION

14 The verified petition of JULIANA M. LOZA (Petitioner) shows
15 as follows:

16 1. Decedent RAY WARREN EXLEY, a married man, died on June
17 1, 2020, in Los Angeles County, California.

18 2. The Decedent was married to the Petitioner.

19 3. The Decedent had few if any assets which are subject to
20 administration, in that he had formed a revocable living trust
21 in which he held his assets. The Petitioner is the successor
22 Trustee of that Trust, and therefore is the legal titled hold of
23 the decedent's assets, subject to the terms of the Trust.

24 4. While the Decedent died in Los Angeles, he was a legal
25 resident of Douglas County. See the redacted Certificate of
26 Death attached as Exhibit 1.

27 5. The purpose of this administration is to permit the
28 Petitioner to defend a lawsuit that is pending against the

1 Decedent which is now on appeal in the Nevada Supreme Court as
2 case number No. 80857.

3 6. Under NRS 140.010(6) the foregoing is "good cause ...
4 for the appointment of a personal representative of the
5 decedent."

6 7. In the event that the Petitioner discovers assets that
7 are part of the Estate, the Petitioner may be required, at that
8 time, to give notice to all interested persons prior to
9 administering any assets recovered and will seek Court approval
10 prior to any disbursement of amounts recovered on behalf of the
11 estate.

12 8. The Petitioner has never been convicted of a felony,
13 and is otherwise qualified to serve as Special Administrator.

14 WHEREFORE, the Petitioner prays for relief as follows:

15 1. That the Court grant this Verified Petition to Appoint
16 a Special Administrator and for Issuance of Special Letters of
17 Administration.

18 2. That the Court appoint Petitioner JULIANA M. LOZA
19 Special Administrator of the Estate of RAY WARREN EXLEY, for the
20 purpose of giving JULIANA M. LOZA authority to defend the above
21 described action on behalf of the Estate and to ascertain
22 whether any other assets of the Estate exist.

23 3. That the Court order that Special Letters of
24 Administration be issued to Petitioner JULIANA M. LOZA, without
25 notice, upon the filing of the Oath of Office as required by
26 law.


27 4. That the Court provide that no bond be required.

28 5. That the Court grant such further relief as is proper.

1 Dated: November 4, 2020

SULLIVAN LAW
A Professional Corporation

2
3
4 By:


GENE M. KAUFMANN, Bar No. 6704
Attorneys for Petitioner,
JULIANA M. LOZA

5
6 1625 State Route 88, Suite 401
Minden, NV 89423

7 Telephone: (775) 782-6915
8 Telecopier: (775) 782-3439
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1 CASE NO.:

2 DEPT. NO.:

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5 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
6 IN AND FOR THE COUNTY OF DOUGLAS
7
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9 IN THE MATTER OF THE ESTATE OF, PETITIONER'S VERIFICATION
10 RAY WARREN EXLEY, AND ACKNOWLEDGMENT

11 Deceased.
12 _____/

13 I, JULIANA M. LOZA, declare under penalty of perjury, as
14 follows:

15 I am the Petitioner in the attached Verified Petition to
16 Appoint a Special Administrator and for Issuance of Special
17 Letters of Administration; that I have read the foregoing
18 document and am competent to testify to its contents of my own
19 knowledge, and the contents are true of my own knowledge, except
20 for those matters stated therein on information and belief, and
21 as to those matters, I believe them to be true.

22 I declare under penalty of perjury that the foregoing is
23 true and correct.

24
25 Dated: November 3, 2020

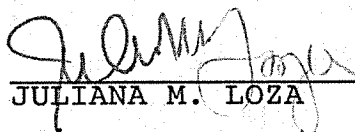
26 
JULIANA M. LOZA
27
28

EXHIBIT 1

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052020137699

CERTIFICATE OF DEATH

3202019032960

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (MAY 2008)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RAY		2. MIDDLE WARREN		3. LAST (Family) EXLEY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/01/1945		5. AGE Yrs. 75	
9. BIRTH STATE/FOREIGN COUNTRY IA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level Degree (see worksheet on back) DOCTORATE		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. MARITAL STATUS (SPOUSE at time of Death) MARRIED	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. DATE OF DEATH mm/dd/yyyy 06/01/2020	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE		19. YEARS IN OCCUPATION 49		8. SEX M	
20. DECEDENT'S RESIDENCE (Street and number, or location) 429 PANORAMA DRIVE		21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89449		24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY NV	
26. INFORMANT'S NAME, RELATIONSHIP JULIANA M. LOZA, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 9504 HIGHBRIDGE PLACE, BEVERLY HILLS, CA 90210			
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST JULIANA		29. MIDDLE M.		30. LAST (BIRTH NAME) LOZA	
31. NAME OF FATHER/PARENT-FIRST WARREN		32. MIDDLE EDWARD		33. LAST EXLEY	
34. BIRTH STATE IA		35. NAME OF MOTHER/PARENT-FIRST LILLIAN		36. MIDDLE LOUISE	
37. LAST (BIRTH NAME) TAIT		38. BIRTH STATE IA			
39. DISPOSITION DATE mm/dd/yyyy 06/26/2020		40. PLACE OF FINAL DISPOSITION RESIDENCE OF JULIANA LOZA 9504 HIGHBRIDGE PLACE, BEVERLY HILLS, CA 90210			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT FRIENDS		45. LICENSE NUMBER FD2158		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 06/25/2020					
101. PLACE OF DEATH SANTA MONICA - UCLA MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> OUTPATIENT		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1250 16TH STREET		106. CITY SANTA MONICA	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST		108. TIME BETWEEN ONSET AND DEATH (A) MINS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. LACTIC ACIDOSIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ISCHEMIC BOWEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE KIDNEY FAILURE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) NO					
115. SIGNATURE AND TITLE OF CERTIFIER PATRICIA H ESHAGHIAN M.D.		116. LICENSE NUMBER A93356		117. DATE mm/dd/yyyy 06/24/2020	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PATRICIA H ESHAGHIAN M.D. 1223 16TH ST STE 3400, SANTA MONICA, CA 90404					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		010001004576957			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Health Officer and Registrar *[Signature]* DATE ISSUED
JUN 30 2020
DO 16

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

CALOSANGOL

